

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

*a*      *B*

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		I		I	
2		I	I			I
3	I		I			I
4		I	I			I
5	I		I			I
6		I	I			I
7	I		I			I
8	I		X	X	X	X
9						
10						
11						
12						
13						
14						
15						
16	I		I			
17		I	I			
18	I		I			
19		I	I			
20	I		I			
21	I		I			
22		I	I			
23	I		I			
24		I	I			
25	I		I			
26		I	I			
27	I		I			
28						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4		1	
TOTAL DEP.	15		15		6	
TOTAL CLAIMS	9		9		7	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS